

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
2387
Bu. Vou. No. _____

U. S. _____ COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

Gen 1-10

990-1226-59

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$6,460.	60

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$6,460.60

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

(Sign original only)

Date 2-3-59 *Payee

(When a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials) EL

\$6,460.60

Contract No. H-701 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the name of the person, must appear on the voucher. "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____" and over his official title.

Title _____

STATOTHR

THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DISTR

DATE

1/24/59

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040197-5																					
BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day							Mej.	Int.	Sub.	Account	M.I.O.	S.O.	
76	01	23	9	2139	2294		02	10	171				1	50	25	00	00	12501	5044	02	1823
76	01	23	9	2139A	2294		02	10	171				1	50	25	00	00	12501	5044	02	10938
																					12761*
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THE HAMO-WOOLDRIDGE CORPORATION
FORM STL-660

ACCOUNTS PAYABLE

WEEKLY DISTR

DATE

1/24/59

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.O.		Work Order
64	01	21	9	3606	43356		01	30	129				1	50	25	00	00	12501	5068	23		14934 14934 14934

THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DISTR

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	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.	
53	01	20	9	5316	1332		01	21	3301				1	50	25	00	00	12501	5068	24	59500* 59500* 59500**

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THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

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	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.O.		
54	01	20	9	G5600	342		01	30	356				1	50	25	00	00	12501	5068	25		135000 135000 135000 135884 127.61 1686.41